

Eviti Imaging: Ovarian Cancer

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Ovarian Cancer Imaging

Discussion

This imaging guideline provides a standardized framework for the use of diagnostic and surveillance imaging in the management of common adult malignancies, specifically ovarian cancer. The goal is to ensure timely, evidence-based imaging that supports accurate staging, treatment planning, response assessment, and post-treatment surveillance.

Guiding Principles

- Follow evidence-based practices from major guidelines (e.g., NCCN, ESMO, ACR Appropriateness Criteria)
- Ensure imaging aligns with the clinical context and stage of disease
- Minimization of unnecessary radiation exposure
- Promote timely and cost-effective imaging utilization
- Incorporate multidisciplinary collaboration in imaging decisions

Imaging Guidelines

This guideline applies to the following patients:

1. At least 18 years of age with confirmed or suspected diagnoses of ovarian cancer; AND
2. All phases of oncologic care, including one of the following:
 - a) Initial staging
 - b) Treatment response evaluation
 - c) Post-treatment surveillance
 - d) Detection of recurrence or progression; AND
3. All imaging modalities used in oncology care, including but not limited to the following:
 - a) Computed tomography (CT) (neck, chest, abdomen, pelvis, neck, or site-specific)
 - b) Magnetic resonance imaging (MRI) (including site-specific protocols such as pelvis MRI, brain MRI, liver MRI)
 - c) Fluorodeoxyglucose positron emission tomography/CT (FDG-PET/CT)
 - d) PET/MRI
 - e) Somatostatin receptor PET/CT (SSTR-PET/CT)
 - f) Nuclear medicine (e.g., bone scan, PSMA PET)
 - g) Single photon emission computed tomography/CT (SPECT/CT) (e.g., octreotide SPECT/CT for neuroendocrine tumors)

Notes:

1. The concurrent utilization of multiple advanced imaging modalities—such as PET/CT and MRI—is not routinely warranted and should be considered only when each modality is expected to provide distinct and clinically relevant information that will directly impact patient management. The selection of the most appropriate imaging study should be individualized, taking into account tumor type, clinical presentation, prior imaging, and other patient-specific factors. Imaging requests will be evaluated on a case-by-case basis to ensure clinical necessity, appropriateness, and the potential to influence therapeutic decision-making.

- When PET imaging is clinically indicated, the appropriate radiotracer should be selected based on tumor type and clinical scenario.

Ovarian Cancer Imaging

Imaging in ovarian cancer supports initial diagnosis, staging, cytoreductive planning, and follow-up assessment. CT chest/abdomen/pelvis remains the standard for baseline and interval evaluation, defining peritoneal, nodal, and visceral disease. Transvaginal ultrasound plays a critical role in characterizing adnexal masses, while MRI of the pelvis provides superior anatomic resolution when CT findings are indeterminate or for fertility-preserving surgical evaluation. PET/CT is reserved for problem-solving in cases of ambiguous recurrence or limited disease when results will impact management.

Integration of imaging with CA-125 trends and clinical judgment optimizes surveillance while minimizing unnecessary exposure.

Ovarian Cancer Recommendations			
Clinical Scenario	Recommended Modality	Frequency/Timing	Purpose/Notes
Initial Staging	CT chest/abdomen/pelvis	Once at diagnosis	Standard staging for ovarian malignancy
	Transvaginal/pelvic/abdominal ultrasound		Characterize adnexal mass
	MRI pelvis ± abdomen		Clarify indeterminate adnexal findings
	PET, when clinically indicated due to inconclusive or inadequate findings on conventional imaging		May be helpful to assess indeterminate lesions if results change management
Treatment Monitoring - Neoadjuvant/ Metastatic	CT chest/abdomen/pelvis	Every 2–3 cycles	Assess response to systemic therapy
	MRI pelvis ± abdomen	As clinically indicated	CT imaging in most cases is sufficient to evaluate for response
	PET, when clinically indicated due to inconclusive or inadequate findings on conventional imaging	As clinically indicated	CT imaging in most cases is sufficient to evaluate for response

Surveillance	PET, when clinically indicated due to inconclusive or inadequate findings on conventional imaging	As clinically indicated	Generally, not used for surveillance
	CA-125–driven imaging	As clinically indicated	Rising CA-125 prompts earlier imaging
Suspected Recurrence	CT chest/abdomen/pelvis	As clinically indicated	Evaluate symptoms, rising CA-125, or equivocal findings
	MRI pelvis ± abdomen	As clinically indicated	Clarify indeterminate adnexal findings
	PET, when clinically indicated due to inconclusive or inadequate findings on conventional imaging	As clinically indicated	May be helpful to assess indeterminant lesions if results change management

Notes:

1. CT CAP remains standard for staging and surveillance.
2. CA-125–driven imaging allowed when marker rise precedes radiologic change or suspicious findings on physical exam.
3. Routine PET/CT discouraged for surveillance; selective use per NCCN. PET/CT not standard for surveillance; used selectively for problem-solving.
4. PET/MRI vs PET/CT based on facility availability.¹

Revision and Review History

No.	Description	Date
1	Original Effective Date:	1/1/2026
2	Policy Annual Review Dates:	
3	Department Owner:	Medical Affairs
4	NH Advisory Committee Approval Dates:	
5	Revision Changes:	

References

¹ National Comprehensive Cancer Network Guidelines: Ovarian Cancer.
https://www.nccn.org/professionals/physician_gls/pdf/ovarian.pdf. Accessed December 17, 2025.